

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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43		1				
44		1				
45		1				
46			1			
47			1			
48				1		
49				1		
50				1		
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
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97						
98						
99						
100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	20					